

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 6, 1983

ALL-COUNTY INFORMATION NOTICE I- 96-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: INTERCEPTION OF STATE INCOME TAX REFUNDS TO COLLECT DELINQUENT RESTITUTION
OF AFDC OVERPAYMENTS AND FOOD STAMP OVERISSUANCES—AFDC/FS INTERCEPT PROGRAM

REFERENCE:

The State Department of Social Services (SDSS), in conjunction with the State Controller's Office and the Franchise Tax Board (FTB) will again administer a state income tax refund intercept system for Tax Year (TY) 1983. This system is designed to facilitate the collection of delinquent restitution of Aid to Families with Dependent Children (AFDC) overpayments and Food Stamp (FS) overissuances. This program has proved to be an effective collection device. For TY 1982, it is estimated that the SDSS will intercept approximately 9,000 income tax refunds for approximately \$1.7 million.

This letter provides the following: (1) instructions for participation, (2) a timetable of activities, and (3) necessary forms which must be completed in order to intercept TY 1983 state income tax refunds.

After reviewing this letter and its attachments, please complete Attachment 2, Participation Agreement, if your county plans to participate in the AFDC/FS Intercept Program. Attachment #2 must be returned by September 16, 1983 to:

State Department of Social Services
Fraud Program Management Bureau
Attention: Intercept Coordinator
744 P Street, MS 19-26
Sacramento, CA 95814

INSTRUCTIONS

1. Submission Criteria

It is important to note at the outset that certain limitations are imposed on the AFDC/FS Intercept Program. Section 8790.2 of the State Administrative Manual provides, in part:

The offset procedure augments rather than replaces existing tax and other collection procedures and is for use when effective procedure does not exist and the State would otherwise suffer loss. An agency's remedy under the special laws applicable to its particular program and the general laws of the State is normally more appropriate and should be used unless circumstances are such that the offset procedure is the most logical method of collection. . . .

Therefore, based on the abovementioned provision, the following are not eligible for intercept:

- (1) Cases which are still eligible for grant adjustment or allotment reduction,
- (2) Cases in which the individual is making regular restitution payments,
- (3) Cases in which the time to request a state hearing has not lapsed, and
- (4) Cases in which the individual has requested a state hearing or is awaiting a decision from a state hearing.

The following types of delinquent restitution accounts are eligible for submission:

- (1) Non court-ordered restitution of AFDC overpayments. The county must have a "right of recovery" pursuant to SDSS regulations that existed at the time of the overpayment.
- (2) Civil or criminal court-ordered restitution of AFDC overpayments.
- (3) Civil or criminal court-ordered restitution of fraudulent FS overissuances.
- (4) Restitution of FS overissuances determined fraudulent as a result of an administrative fraud hearing.

2. Restitution Account Information

Restitution account information can be submitted by magnetic computer tape or by input document. Only the following restitution account information is required to be submitted:

- (1) County number and name (Example: 38-San Francisco)
- (2) Name of individual
- (3) Social security number of individual
- (4) Type of Case, i.e., AFDC or FS. AFDC and FS accounts must be listed separately.
- (5) Total amount of delinquent AFDC or FS restitution owed. The amount at least ten dollars.
- (6) Case, district, and/or worker numbers. Information contained in this field is optional.

a. Counties Submitting Magnetic Computer Tape

Counties submitting restitution account information on magnetic computer tape should follow the instructions provided in Attachment 3, AFDC/FS Intercept Program: Magnetic Tape Restitution Record Description. Any questions regarding automated input should be directed to:

State Department of Social Services
Systems Maintenance Bureau
Attention: Ms. Janet Carthen
744 P Street, MS 19-58
Sacramento, CA 95814
(916) 924-2893

b. Counties Submitting Input Documents

Counties submitting input documents should follow the instructions provided in Attachment 4, AFDC/FS Intercept Program: Input Document Restitution Record Description. Please follow the instructions carefully because any incorrectly completed input forms will be rejected. Time constraints preclude editing the input documents and returning the forms to the county for correction.

The input document form Attachment 7, AFDC/FS Intercept Program: Restitution Account Input Document, must be duplicated locally.

To allow the SDSS to intercept state income tax refunds for TY 1983, participating counties must send all restitution account information, magnetic tape or forms, no later than October 7, 1983 to:

State Department of Social Services
Computing Facilities Bureau
Production Controls
Attention: AFDC/FS Intercept Program
744 P Street, MS 19-13
Sacramento, CA 95814

3. Limited Assignment/Certification of Correctness

In addition to the restitution account information, counties are also required to submit the following:

- (1) A Statement of Limited Assignment of AFDC/FS Restitution from each participating county to the SDSS.
- (2) A Certificate of Correctness regarding the validity and amount of delinquent restitution.

Attachment 5, Limited Assignment of Delinquent Restitution, is designed to meet these requirements and should be completed by October 7, 1983. Mail the form to:

State Department of Social Services
Fraud Program Management Bureau
Attention: Intercept Coordinator
744 P Street, MS 19-26
Sacramento, CA 95814

4. Deletions

The county must develop an internal procedure to flag and monitor all cases submitted for intercept in order to ensure that the case continues to meet the criteria for a state income tax refund intercept. If an individual updates the account or pays it off in full after his/her name has been submitted for an intercept, the county shall submit the name for deletion as soon as possible to avoid the potential intercept of that individual's income tax refund. Also, if it is discovered that an individual's income tax refund was erroneously requested for intercept and the refund has not been intercepted, the county shall submit a deletion request. Attachment 6, AFDC/FS Intercept Program: Deletion Request, is provided for the purpose of submitting deletion requests. Deletions should be submitted on an ongoing basis to:

State Department of Social Services
Fraud Program Management Bureau
Attention: Intercept Coordinator
744 P Street, MS 19-26
Sacramento, CA 95814

5. Reimbursement of State Income Tax Refund for Wrongful Intercept

All counties participating in the AFDC/FS Intercept Program must establish procedures whereby an individual can be reimbursed without undue delay if: (1) a request for intercept has been submitted to the SDSS in error, or (2) if a deletion request has been submitted to the SDSS and the intercept has already occurred before the deletion request is processed by FTB.

6. Designation of County Contact Person(s)

It is the responsibility of the county agency to appoint a representative to handle all local level inquiries concerning the AFDC/FS Intercept Program. Counties are to provide in Attachment 2, Participation Agreement, the name, unit, and telephone number of this individual.

7. Income Tax Intercept

The SDSS will forward a statewide master tape to FTB who will run a continuous match against their master index through 1984.

The SDSS will send the following reports to each county:

(1) County Transaction Error Report (AOI100-A)

The system checks the case record submitted by the county for valid data and rejects those records that do not meet the validation criteria. This report lists the rejected cases.

(2) Duplicate Cases Report (AOI150-A)

Cases with the same county number, SSN, last name and aid type are considered duplicate cases. The system will only accept the case with the largest overpayment or overissuance amount and will reject the others. This report lists the rejected cases.

(3) County Nonmatched Cases Report (AOI200-A)

FTB matches transactions to last year's income tax records. Cases having no match are rejected. Additionally, when multiple agencies submit an individual for income tax offset, only a case with the largest debt is accepted. The duplicate cases are rejected. This report lists the cases FTB rejected as unmatched cases and duplicate submissions for an individual.

(4) County Weekly FTB Intercept Report (AOI550-A)

This report lists individuals whose state income tax refund was intercepted as well as the address, the restitution amount requested by the county, and the amount actually intercepted.

(5) Monthly Funds Transfer Report (AOI650-A)

Monthly, via the State Controller's Office, the SDSS transfers the intercepted funds that have been collected to the County Treasurer. This report lists in detail those individuals included in the monthly check to the county.

All county entities administering the AFDC/FS Intercept Program should establish a procedure with their respective treasurers to ensure proper accounting of incoming funds from the State Controller. Note that the State Controller will prepare checks payable to the order of the County Treasurer.

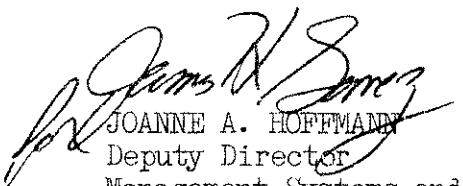
8. County Follow-Up Procedures

Upon receiving the list of intercepts and corresponding funds, the county shall credit each individual account for the AFDC and FS amounts collected through the intercept process.

The total amount of the repayments should then be recorded on Form CA 800, Summary Report of Assistance Expenditures Aid to Families with Dependent Children, or FNS 209 Status of Claims Against Households, as appropriate.

Because of the effectiveness of the AFDC/FS Intercept Program in aiding in the collection of AFDC overpayments and FS overissuances, the Department urges all counties to participate. If you have any questions or comments, please contact Michael Back of the SDSS Fraud Program Management Bureau at (916) 924-2836.

Sincerely,


JOANNE A. HOFFMANN
Deputy Director
Management Systems and
Evaluation Division

Attachments

cc: CWDA

AFDC/FS INTERCEPT PROGRAM: TIMETABLE

| <u>Activity</u> | <u>Date</u> |
|--|---|
| County notifies the SDSS of intent to participate in the AFDC/FS Intercept Program by submitting Attachment 2. | September 16, 1983 |
| County sends Attachment 5 and county restitution account information to the SDSS. | October 7, 1983 |
| The SDSS will key enter input documents and merge and edit tapes to produce statewide master tape. | October 7 - November 4, 1983 |
| The SDSS will forward master tape to FTB. | November 4, 1983 |
| The SDSS will send the Annual Report of SDSS Rejects to the county. | December 2, 1983 |
| FTB will edit statewide master tape. The Annual Report of FTB Rejects will be sent to the county. | January 4, 1984 |
| FTB will run continuous matches against the FTB master index through 1984. | Beginning February 1, 1984 and ongoing |
| The county will submit deletions to the SDSS, if necessary. | Ongoing |
| The SDSS will send the Weekly Report of Matches to the county. | Weekly |
| The SDSS will send the Monthly Report of Matches to the county. | Monthly |
| FTB will transfer total monthly collections to the State Controller. | Monthly |
| The State Controller will send to the County Treasurer a check representing the total amount collected for the month period. | Monthly |
| The county welfare department shall credit each recipient's account with the amount intercepted and record the total amount received by the county as a repayment on Form CA-800 or FNS 209. | Ongoing |

AFDC/FS INTERCEPT PROGRAM: PARTICIPATION AGREEMENT

Submit this document to:

State Department of Social Services
Fraud Program Management Bureau
Attention: Intercept Coordinator
744 P Street, MS 19-26
Sacramento, CA 95814

ATTACHMENT 2

_____ County will participate in the AFDC/FS Intercept Program to collect delinquent restitution of AFDC overpayments and FS over-issuances.

Director's Signature

Date

1. Estimated number of cases county will submit for intercept: _____

2. Restitution Account input information: (Circle one) Magnetic Tape Forms

3. Name and telephone number of the county contact person assigned to the AFDC/FS Intercept Program (liaison with the SDSS):

Name _____ Title _____

Unit/Division _____

Department _____

Address _____

City _____ Telephone _____

4. Name and telephone number of the county representative responsible for handling local level i.e., public inquiries concerning the AFDC/FS Intercept Program. (This person's name and address will be placed on the notice sent to persons whose state income tax refunds have been intercepted.)

Name _____ Title _____

Unit/Division _____

Department _____

Address _____

City _____ Telephone _____

AFDC/FS INTERCEPT PROGRAM: MAGNETIC TAPE RESTITUTION RECORD DESCRIPTION

Automated Input Preparation
County KDE Instructions

File Format: Sequential

Character Format: EBCDIC

Medium: 9 TRACK tape 1600 BPI or 9 TRACK tape 800 BPI

Labels: unlabeled

Record Length: 80 bytes

Blocking Factor: 1 record per block

Documentation: A transmittal must accompany the tape.

The transmittal should identify the county name and county number, the number of transaction records and the density (i.e., 1600BPI or 800BPI). Most importantly, identify the tape as input to the welfare overpayment intercept process.

Example: WELFARE OVERPAYMENTS FTB REFUND INTERCEPT. Please put the type of system which generated the tape (i.e., IBM, HONEYWELL, BURROUGHS, etc.). Mailing address:

Department of Social Services
Computing Facilities Bureau
Attention: Production Controls
744 P Street, MS 19-13
Sacramento, CA 95814

Sort Key: county number, social security number

Record Items:

1. County number - two (2) digit unsigned numeric field. It is required. Valid values 01 through 58.
2. Social security number - nine (9) digit numeric field which contains the recipient's SSN. It is required. Cannot start with "6", "8", or "9". May be unsigned or signed according to COBOL format S9(9).
3. Last name - fifteen (15) character alphabetic field which contains the recipient's last name. It is required. Must be left justified with no special characters (i.e., hyphen, apostrophe, etc.).
4. First name - ten (10) character alphabetic field which contains the recipient's first name. It is optional entry. When not used, blank fill. When used, must be left justified with no special characters (i.e., hyphen, apostrophe, etc.).
5. Middle initial - one (1) character alphabetic field which contains the recipient's middle initial. It is optional entry. When not used, blank fill. When used, must be left justified with no special characters (i.e., hyphen, apostrophe, etc.).

AFDC/FS INTERCEPT PROGRAM: MAGNETIC TAPE
RESTITUTION RECORD DESCRIPTION - Continued

6. Amount Delinquent - nine (9) digit numeric field which contains the total amount of the delinquent restitution. It is required. Cents are reduced to zero (i.e., \$10.60 = \$10.00). The decimal character is dropped. Right justified with optional preceeding zeroes (i.e., \$10.60 = '000001000' or '1000'). May be unsigned or signed according to COBOL format S9(7)V99.
Amount must be at least ten dollars.
7. Case identification number - fifteen (15) character alpha-numeric field which contains the case identification number. It is optional entry. When not used, blank fill. When used, should be left justified.
8. Worker/district number - five (5) character alpha-numeric field which contains county EW number and/or district. It is optional entry. When not used, blank fill. When used, should be left justified.
9. Aid type - one (1) character alphabetic field which contains the aid type. It is required. Must contain "A" for AFDC cases or an "F" for Food Stamp cases.
10. FILLER - thirteen (13) character field which contains blanks.

TRANSACTION RECORD LAYOUT

| FIELD NUMBER | ITEM | LENGTH/MODE | POSITIONS |
|--------------|----------------------------|-------------|-----------|
| 1 | County number | 2N | 01-02 |
| 2 | Social Security number | 9N | 03-11 |
| 3 | Last name | 15A | 12-26 |
| 4 | First name | 10A | 27-36 |
| 5 | Middle initial | 1A | 37 |
| 6 | Amount delinquent | 9N | 38-46 |
| 7 | Case identification number | 15A/N | 47-61 |
| 8 | Worker/district number | 5A/N | 62-66 |
| 9 | Aid type | 1A | 67 |
| 10 | FILLER | 13A/N | 68-80 |

AFDC/FS INTERCEPT PROGRAM: INPUT DOCUMENT RESTITUTION RECORD DESCRIPTION

1. COUNTY NUMBER (01-02)

For each document enter county name and number.

2. SOCIAL SECURITY NUMBER (03-11)

Enter recipient's Social Security Number. This field is required and must contain nine digits. The first digit cannot be a '6', '8', or '9'.

3. LAST NAME (12-26)

Enter recipient's last name starting in the left most position. This is a required field and must be alphabetic. Use only the letters A through Z. Do not use special characters such as hyphen, apostrophe, etc. If a recipient has aliases, make a separate, complete entry for each different last name. (FTB only uses the SSN and first four letters of the last name for matching purposes.)

4. FIRST NAME (27-36)

Enter recipient's first name starting in the left most position. When entered, the characters must be alphabetic.

5. MIDDLE INITIAL (37)

Enter recipient's middle initial. This is not a required field, but if entered must be alphabetic.

6. DOLLAR AMOUNT DELINQUENT (38-46)

Enter the total amount of the delinquent restitution to the nearest whole dollar (drop cents). This is a required field and must be numeric. The dollar amount should be entered right justified (aligned to decimal point). For example: Seven-hundred and forty-three dollars would be entered as 111174300 or 00074300. AFDC overpayments and Food Stamp overissuances must be listed as separate entries. Amount must be at least ten dollars.

7. CASE IDENTIFICATION NUMBER (47-61)

This is an optional field.

8. WORKER/DISTRICT NUMBER (62-66)

Case identification number and worker/district number are optional county use fields to be used for additional county identification of cases. Data can be entered free form in any desired format. There are no restrictions on alphabetic or numeric characters.

9. AID TYPE (67)

Enter "A" for AFDC overpayments or "F" for Food Stamp overissuances. This field is required.

NOTE: This form is not to be used for the Child Support Intercept System nor are child support forms to be used for this system.

Submit this form to:

State Department of Social Services
Fraud Program Management Bureau
Attention: Intercept Coordinator
744 P Street, MS 19-26
Sacramento, CA 95814

LIMITED ASSIGNMENT OF DELINQUENT RESTITUTION

County hereby assigns to the State Department of Social Services those cases with delinquent restitutions for the limited purpose of allowing the State Department of Social Services to effect collection of said restitution pursuant to California Government Code Section 12419.5. This assignment is for the limited purpose stated and does not preclude County from taking any other action for collection of these restitutions.

CWD Director's Signature

Date

CERTIFICATION OF CORRECTNESS OF DELINQUENT RESTITUTION

I, (Name) _____
declare that I have supervised the compilation of the list of delinquent accounts submitted to the State Department of Social Services and I am informed and believe that each listed individual has been identified by the correct Social Security Number, and the correct amount of total restitution owed, and that such amounts are collectable pursuant to current AFDC and/or Food Stamp regulations.

I declare under penalty of perjury that that the foregoing is true and correct.

Dated this _____ day of _____, 1983, in the County of _____, California.

Signature

Title

AFDC/FS INTERCEPT PROGRAM: DELETION REQUEST

Date _____

Submit this form to:

State Department of Social Services
Fraud Program Management Bureau
Attention: Intercept Coordinator
744 P Street, MS 19-26
Sacramento, CA 95814

Contact Person _____ County _____

Organization/Unit _____ Telephone Number () _____

It is requested that the following names be deleted from our list of recipients submitted to the State Department of Social Services for the intercept of state income tax refunds:

SOCIAL SECURITY NUMBER

LAST NAME

[illegible]

I certify that the above information is true and accurate.

Signature - Contact Person

Date _____

AFDC/FS INTERCEPT PROGRAM:
RESTITUTION ACCOUNT INPUT DOCUMENT

| | | | | | |
|--------------------------|----|-----------|----|-------------------------------|------|
| 03 | 12 | 26 | 27 | 36 | 37 |
| Social Security Number | | Last Name | | First Name | N.I. |
| 38 | 47 | 61 | 62 | 66 | 67 |
| Dollar Amount Delinquent | | Case I.D. | | Worker or District # Aid Type | |